

**AGENCY PERFORMANCE PLAN
FY 2016**

Name of Agency: Iowa Veterans Home

Agency Mission: To provide a continuum of care to Iowa's veterans and their spouses in an environment focusing in individualized services to enhance their quality of life.

Services, Products, Activities	Performance Measure(s)	Performance Target(s)	Strategies/Recommended Actions
1. Org# 671-34100	NURSING SERVICES		
A. 671-34100-005	Rate of medication administration error rate per every 10,000 doses.	1.50%	Formal education to all certified medication aides and licensed practical nurses to include review of medication administration procedures.
B. 671-34100-006	Percent of residents experiencing 1 or more falls with major injuries.	2.50%	Educate all employees to utilize root cause analysis to identify why fall occurred to aid in resident centered prevention strategies
E. 671-34100-009	Number of administrative involuntary discharges from nursing directly related to non-compliance.	0	Realistic and specific goals for compliance with short term transition program and plan for discharge with resident upon admission.
F. 671-34100-010	Number of Nursing Beds Filled.	465	Admissions Coordinator will promote IVH programs and services to prospective residents. Communicate to County Service Officers on a quarterly basis.
2. Org# 671-34101	THERAPEUTIC SERVICES		
A. 671-34101-010	Percent medication dispensing errors.	0.5%	Pharmacy staff will ensure through a series of checks that only appropriate medications are provided to residents.
B. 671-34101-016	Percent of residents participating in the annual flu vaccination program.	90%	Resident/Family education on benefits of participation in vaccination program.
C. 671-34101-017	Percent of employees participating in IVH annual flu vaccination program.	80%	Employee education as to benefits of participating in vaccination program.
D. 671-34101-018	Percent satisfaction of IRCC teams with the involvement of MH providers in responding to concerns of resident behaviors, exacerbation of mental, emotional, behavioral and substance use problems.	85%	Mentor and develop unit staff's mental health care skills through education, unit assigned liaisons, team consultation. Provide direct services to residents.
E. 671-34101-021	Percent completion of Primary Care Provider (PCP) required regulatory visits.	95%	Perform monthly & quarterly audits on completion of PCP regulatory visits for each unit.
F.	Percent timeliness of the required PCP regulatory visit documentation.	95%	Audit for timeliness of documentation to be completed within 7 days of visit.
G. 671-34101-022	Percent of residents with needs in the dental area are met by IVH.	95%	Residents will be seen annually in the dental clinic.
H. 671-34101-023	Percent interdisciplinary team involved in review of safe power mobile device (PMD) operation.	85%	Clinical team representation at consultative reviews of PMDs.
I. 671-34101-024	Percent of eligible residents who received pneumonia vaccine.	95%	Residents who meet criteria are offered pneumonia vaccine.
J. 671-34101-025	Percent of residents satisfied with the number of organized activities provided.	85%	Work with resident groups and individual resident interviews to identify personal preferences for activities offered.

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3. Org# 671-34102	DOMICILIARY SERVICES		
A. 671-34102-006	Number of administrative involuntary discharges from Domiciliary directly related to non-compliance.	0	Realistic and specific goals for compliance with short term transition program and plan for discharge with resident upon admission.
4. Org# 671-52100	CAPITALS		
A. 671-52100-001	Percent completion of the Dack-Malloy project.	100%	Monitor progression of resident room conversions to private.
5. Org# 671-67101	BUSINESS/ADMINISTRATION		
A. 671-67101-014	Percent of employee performance evaluations completed in a timely manner on an annual basis.	99%	Send supervisors notice of evaluations due. Quarterly audit results will be communicated to leadership team.
B. 671-67101-015	Percent of employees attending annual education.	99%	Employees are notified of scheduled attendance prior to education date. Notice will be sent out to each staff member.
C. 671-67101-016	Number of reportable financial deficiencies from the regulatory agencies (DIA/VA/State Auditor)	0	Continuous internal evaluations and auditing of financial procedures.
D. 671-67101-017	Rate of lost work days due to injury on the job.	4	Educate staff about injury reduction and safe working practices.
6. Org# 671-67102	FOOD SERVICE		
A. 671-67102-004	Percent resident satisfaction with food services.	85%	Work with resident groups to identify ways to improve dietary services, including variety and taste of the meals and snacks.
8. Org# 671-67103	FACILITIES MANAGEMENT		
A. 671-67103-002	Percent routine work orders that are completed within three days.	88%	Track maintenance work order completion.
B.	Percent completion of annual preventative maintenance plan.	85%	Track completion of the preventative maintenance plan.
C. 671-67103-003	Percent of scheduled travel to medical appointments met.	95%	Maintain communication between the living units and the dispatch office.
9. Org# 671-67104	HOUSEKEEPING		
A. 671-67104-002	Percent resident satisfaction with housekeeping.	96%	Resident Quality of Life annual survey.
B. 671-67104-003	Percent of work orders completed the same day by housekeeping.	90%	Track housekeeping work order completion.